



CITY OF NEW FAIRVIEW
999 ILLINOIS LANE
NEW FAIRVIEW TX, 76078
PH: 817-638-5366
FAX: 817-638-5369
Email citysecretary@newfairview.org
Website ci.new-fairview.tx.us

ZONING PERMIT APPLICATION

PROJECT LOCATION ADDRESS: _____

TAX ID: _____ **ZONE:** _____

PROPERTY OWNER: _____

ADDRESS: _____ **CITY** _____

STREET _____ **ZIP** _____

DAY PHONE: _____ **DATE:** _____

SIGNATURE: _____

APPLICANT: _____

ADDRESS: _____ **CITY** _____

STREET _____ **ZIP** _____

DAY PHONE: _____ **DATE:** _____

SIGNATURE: _____

Existing Use of Property _____ **Proposed use of Property** _____

Description of work proposed:

Estimated Construction Cost\$: _____ **as the property on a corner lot?** _____

Fees (All fees are nonrefundable) all fees are due upon application submission. Checks made payable to the City of New Fairview.

Office Use Only:

Date Paid: _____ Amount: \$_____ Check # _____